

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 11/21/2008  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  295020	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED  C 11/12/2008
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NAME OF PROVIDER OR SUPPLIER

ROSEWOOD REHABILITATION CENTER

STREET ADDRESS, CITY, STATE, ZIP CODE

2045 SILVERADA BLVD.

RENO, NV 89512

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 000	INITIAL COMMENTS  This Statement of Deficiencies was generated as a result of the complaint investigation conducted at your facility on 11/12/08.  Complaint #NV00019534 was substantiated. See F157.  The findings and conclusions of any investigation by the Health Division shall not be construed as prohibiting any criminal or civil investigation, actions or other claims for relief that may be available to any party under applicable federal, state, or local laws.	F 000		
F 157 SS=D	483.10(b)(11) NOTIFICATION OF CHANGES  A facility must immediately inform the resident; consult with the resident's physician; and if known, notify the resident's legal representative or an interested family member when there is an accident involving the resident which results in injury and has the potential for requiring physician intervention; a significant change in the resident's physical, mental, or psychosocial status (i.e., a deterioration in health, mental, or psychosocial status in either life threatening conditions or clinical complications); a need to alter treatment significantly (i.e., a need to discontinue an existing form of treatment due to adverse consequences, or to commence a new form of treatment); or a decision to transfer or discharge the resident from the facility as specified in §483.12(a).  The facility must also promptly notify the resident and, if known, the resident's legal representative or interested family member when there is a change in room or roommate assignment as specified in §483.15(e)(2); or a change in	F 157	This Plan of Correction is being submitted pursuant to the applicable Federal and State Regulations. Nothing contained herein shall be construed as an admission that the facility violated any Federal or State regulations or failed to follow any applicable Standard of Care.  Please refer to the appropriate pages following the cited deficiency for the responses.	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Any deficiency statement ending with an asterisk (\*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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NAME OF PROVIDER OR SUPPLIER  <b>ROSEWOOD REHABILITATION CENTER</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>2045 SILVERADA BLVD.</b> <b>RENO, NV 89512</b>		
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F 157	<p>Continued From page 1</p> <p>resident rights under Federal or State law or regulations as specified in paragraph (b)(1) of this section.</p> <p>The facility must record and periodically update the address and phone number of the resident's legal representative or interested family member.</p> <p>This REQUIREMENT is not met as evidenced by: Based on record review and interview, the facility failed to notify a family member of a fall requiring transfer to the hospital for 1 of 4 residents (#1).</p> <p>Findings include:</p> <p>Resident #1 was admitted to the facility on 11/7/07 with diagnoses including hip injury, abnormality of gait, and arteriosclerotic dementia.</p> <p>Review of the nurses notes revealed that Resident was found on the floor on 9/23/08 at 9:00 PM. The physician and the social service worker were notified of the fall at 9:15 PM. At that time, Resident #1 was not complaining of pain in the hip and the physician said to continue to monitor. On 9/23/08 at 11:15 PM, the resident began complaining of right hip pain and was given Tylenol for pain relief. The Tylenol was not effective and the resident was screaming of severe pain in the right hip. The physician was notified and the resident was transferred to an acute hospital emergency room for treatment at 12:30 AM on 9/24/08. Review of the medical record failed to reveal the resident's sister was notified of the fall or the transfer of the resident to the hospital.</p>	F 157			

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**F 157 483.10(b)(11) NOTIFICATION OF CHANGES** – This Requirement was not met as evidenced by: Based on record review and interview, the facility failed to notify a family member of a fall requiring transfer to the hospital for 1 of 4 Residents (Resident #1).

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**What corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice.**

The following corrective actions have been accomplished for Resident #1:

**Resident #1**

Resident #1 did not return to Rosewood Rehabilitation Center after transfer to the Hospital on September 28, 2008. However, the Director of Social Services did meet with the sister of Resident #1 to explain the oversight of Staff in failing to contact her immediately at the time of the transfer of Resident #1 to the Hospital and to assure her that this would not happen again.

**How will you identify other residents having the potential to be affected by the same deficient practice and what corrective action will be taken.**

All Residents at the facility have the potential to be affected by the same deficient practice.

In order to identify other Residents who have the potential to be affected by failing to notify the interested family member, the Resident's Physician, and/or the Resident's Legal Representative, the facility has implemented the following procedures:

- 1) Licensed Staff have been reminded, on an individual basis, that they are responsible to contact the interested family member, the Resident's Physician, and/or the Resident's Legal Representative, in which a notification of change is required under the State and Federal Regulations and the facility's policies.
- 2) Facility Staff are reviewing Resident records to ensure that the information regarding the Resident's Legal Representative and interested family member(s) is accurate to include name, telephone number, and address for Resident's Legal Representative and/or interested family member(s).

**What measures will be put into place or what systemic changes will you make to ensure that the deficient practice does not recur.**

In order to ensure that there are no additional cases of oversight regarding notification to Resident's Legal Representative, interested family member(s), and Resident's Physician, the facility is implementing the following measures:

- 1) An In-Service Training will be conducted for licensed Staff to ensure that they are familiar with the *notification of changes* requirements under CFR §483.10(b)(11) and the facility's policies regarding *notification of changes* currently in place. In-Service Training for Licensed Staff will be completed by December 26, 2008.
- 2) Facility Staff will review Resident records to ensure that the information regarding the Resident's Legal Representative and interested family member(s) is accurate to include name, telephone number, and address for Resident's Legal Representative and/or interested family member(s). This will be completed by December 26, 2008.
- 3) Beginning December 15, 2008, the Nurse Manager will conduct random audits of Hospital transfers to ensure that proper notification was made to the Resident's Physician, Resident's Legal Representative, and/or interested family member(s) and ensure that all required notifications, as described in CFR §483.10(b)(11), are being carried out.
- 4) In-Service Training for Staff regarding the notification requirements of CFR §483.10(b)(11) and the facility's notification policy will be included in the New Employee Orientation Program.

**How will the facility monitor its corrective actions to ensure that the deficient practice is being corrected and will not recur, i.e., what program(s) will be put into place to monitor the continued effectiveness of the systemic change.**

The Director of Nursing Services will monitor the *notification of changes* audits conducted by the Nurse Manager. If the review and audit by the Nurse Manager identifies proper notification was not provided as required in CFR §483.10(b)(11), the Director of Nursing Services will take appropriate corrective action.

**Dates when corrective action will be completed.**

In-Service Training for Licensed Staff will be completed by **December 26, 2008.**

Audits of required notification of changes will commence **December 15, 2008.**

Facility Staff review of Resident Records to ensure that the contact information is accurate will be completed by **December 26, 2008.**

New Employee Orientation to include policy on notification of changes will begin on **December 15, 2008.**

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# Making an Emergency Transfer or Discharge

Highlights	Policy Statement
Emergency Transfer or Discharge Procedures	Our facility shall make an emergency transfer or discharge when it is in the best interest of the resident.
Disaster Situations	<p data-bbox="711 415 1284 451"><b>Policy Interpretation and Implementation</b></p> <ol style="list-style-type: none"> <li>Should it become necessary to make an emergency transfer or discharge to a hospital or other related institution, our facility will implement the following procedures:               <ol style="list-style-type: none"> <li>Notify the resident's Attending Physician;</li> <li>Notify the receiving facility that the transfer is being made;</li> <li>Prepare the resident for transfer;</li> <li>Prepare a transfer form to send with the resident;</li> <li>Notify the representative (sponsor) or other family member;</li> <li>Assist in obtaining transportation; and</li> <li>Others as appropriate or as necessary.</li> </ol> </li> <li>Should it become necessary to transfer residents during emergency or disaster situations, transfer procedures outlined in our disaster plan will be implemented.</li> <li>The resident's medical record must be forwarded to the Medical Records office within twenty-four (24) hours of the transfer or discharge.</li> </ol>
Medical Records	

References	
<b>OBRA Regulatory Reference Numbers</b>	n/a
<b>Survey Tag Numbers</b>	n/a
<b>Related Documents</b>	Documentation of Transfers/Discharges Notice of a Transfer or Discharge Resident Transfer Form (Appendix A)
<b>Policy Revised</b>	Date: _____ By: _____ Date: _____ By: _____ Date: _____ By: _____ Date: _____ By: _____

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F 157	Continued From page 2 On 11/12/08, the Director of Nurses was interviewed. She stated that the policy was to notify family members of falls, any change in condition or transfer to the hospital. She stated that Resident #1 was alert and oriented and was his own responsible party.  On 11/10/08, Resident #1's sister was interviewed. She stated that she first learned of her brother's transfer to the hospital when the emergency room physician called her on 9/24/08 at 2:30 AM to determine his resuscitation/code status. She stated that the facility had always notified her of everything concerning her brother, but that no one had called her regarding her brother's fall and transfer to the hospital emergency room.	F 157			

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